

Instructions for Completing the Driver Education Student Report

- Check the appropriate reporting quarter
- Insert *Name of school* and extension site, if applicable
- Insert *Instructor(s) name*
- Insert *Dates of classroom instruction*: beginning and ending dates
- Insert *Certificate of Completion* numbers sequentially

Please note that the reporting form is broken down into four separate sections:

- A Enrollments
- B Completions
- C Re-Issued and/or Voided Certificates
- D Hourly BTW

SECTION A ENROLLMENTS: *Enrolled means that a student has registered for a driver education course attended the first day of a scheduled course and will continue until the course is completed.* List each classroom instruction begin and end dates for the quarter and the students **enrolled** for each class instruction date.

SECTION B COMPLETION: List students from previous class dates that are completing instruction during the quarter.

SECTION C RE-ISSUED and/or VOIDED CERTIFICATES:

- List student information for any re-issued certificates (such as student who lost previously issued certificate)
- List any voided certificate numbers and attach voided certificate to this report.

SECTION D HOURLY BEHIND-THE-WHEEL (BTW): List any individual that contracted with you to provide hourly behind-the-wheel instruction as described in the Rule. 18.20.3.12C. (“..., except that a school may charge a student up to \$100.00 for each credit hour of behind-the-wheel instruction that is not part of the seven (7) hour behind-the-wheel portion of a curriculum;”)

Please submit the completed report to the Licensing Unit by mail to:

UNM TSC- DRED Licensing Section
1 University of New Mexico
MSC07 4030
Albuquerque, NM 87131-0001

If you have questions regarding this form please contact UNM TSC/ tscdriverprograms@unm.edu

DRIVER EDUCATION STUDENT REPORT

Quarter (check one): Jan. –Mar.

Apr. – Jun.

Jul. – Sept.

Oct. – Dec.

School Name/Location			
Name of Instructor(s)			
Classroom instruction begin date:		Classroom instruction completion date:	

A	Student Name	Student DOB	Parent/Guardian Contact Information
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			

A			
	Student Name	Student DOB	Parent/Guardian Contact Information
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

B	COMPLETIONS			Student completed classroom portion in <u>previous</u> quarter & is listed in previous quarterly report		
				Final Exam Score	TSB Certificate of Completion #	Date of issue
	Student Name	Student DOB	Parent/Guardian Contact Information			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

B	COMPLETIONS					
	Student Name	Student DOB	Parent/Guardian Contact Information	Final Exam Score	TSB Certificate of Completion #	Date of Issue
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						

C	RE-ISSUED and/or VOIDED		Please return all original voided certificates to TSC-Licensing			
	Student Name	Student DOB	Contact Information	Final Exam Score	TSB Certificate of Completion #	Date of Issue
1						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						

D	Hourly BTW					
	Name	DOB	Contact Information	# of Hours	Dates	Times
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						

